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The Nursing Spirit

(Isabel Maitland Stewart ('02), Assistant Professor Department of Nursing and Health, Teachers' College, Columbia University, N.Y.)

In this anxious and critical time, when so much depends on our armies and their power not only to hold out but to win a decisive victory in the field, we are constantly debating the question of what after all makes one army superior to another, and what are the essential qualities of a good soldier. Technical skill is of course taken for granted. Intelligence and initiative are beginning to be recognized as fundamental, but the thing which seems to be considered as perhaps the greatest factor in a long-drawn-out struggle such as this, is the morale of the army, or its spirit. So, when we hear of the still undiminished gaiety and gallantry of the French poilu and the rare and sturdy courage and tenacity of our own British Tommies, we take heart again because we know that, in spite of difficulties and delays, the final test will not find them wanting.

If armies stand or fall by their morale, it is equally true that the soundness and strength of our nursing body will be judged in the last analysis by the quality of its spirit. We do not underestimate the value of technical efficiency, which comes with careful training, nor the vital importance of intelligence and scientific knowledge, but these alone can

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never make a good nurse, any more than they make a good soldier or a good artist. Just as there is a special body of knowledge and a special type of skill or technique belonging to every different art and profession, so there is developed a characteristic attitude of mind, a certain way of feeling about one's work, a certain spirit which more or less generally pervades the members of each craft. These attitudes and ideals are the product of environment and training, usually acquired unconsciously, but none the less potent in supplying dominating motives for the control of conduct. In the form of tradition and example they are passed down from generation to generation, becoming embedded in social forms and customs, and being maintained by the forces of law and public opinion. The spirit of the British Navy, for example, is the spirit of a long line of naval leaders and heroes, from Drake to Jellicoe, and those ideals of courage, tenacity and daring we have come to accept as characteristic of the whole body of naval officers and men.

No one who has watched the effect of the training on a body of soldiers or sailors can doubt the profound influence of the spirit which it breeds in them. Besides putting its own stamp on every member of the corps, it binds them together in sympathy and goodfellowship; it promotes loyalty, obedience and coöperation; it developes a sense of responsibility, trustworthiness and honor, and it supplies motive power for overcoming often tremendous obstacles and discouragements. Morally it seems to pull up the weaklings and stiffen their fibre, and on the whole to develop a more robust and self-respecting type of character.

Kipling has shown us what it means for a corps to be without such a spirit:

"We was rotten 'fore we started—we was never disciplined—
We made it out a favor if an order was obeyed;
Yes, every little drummer 'as 'is rights and wrongs to mind,
So we 'ad to pay for teaching—an' we paid."

As nurses, we have always prided ourselves on our professional solidarity, our splendid traditions, and our fine spirit. Certainly no body of men or women can point to a more glorious history. A standard has been created for us which it is not easy to live up to, and so when great crises are to be faced and unusual situations to be met, it is not much marvel that we should all be a little anxious to know how our profession has stood the test. Those who have gone to the firing line represent the whole body of nurses; where they are strong we should probably be strong, and where they fail we also should fail. So it seems a great opportunity for taking stock and finding out where we stand and how we compare with those splendid nursing ancestors from many lands who have built up our traditions and given us the vision of the true nursing spirit.

What kind of a spirit is it and how are we to distinguish it from the military spirit, or the spirit of the medical body or any other special

group? Fundamentally, the nursing spirit is closely akin to the spirit of the mother, the nursing impulse being rooted in the maternal instinct, which shows itself in the desire to protect, nourish and care for those who are weak and helpless and ailing. De Saleeby calls the nurse the foster-mother of the race, and pictures her as the great conservator of life. This function of conservation is shown most dramatically where we have such a spectacular wasting of life as in the present war. We can almost see the nurse picking up the fragments, hoarding the stores of wasted energy and feeding the flickering flame of life till it glows again. Those who are most violently opposed to war contend that nursing and medical care simply prolong the tragedy by making it possible for more men to be patched up and flung back into the firing line. But where great principles are at stake, and men must be raised up to defend them, the salvage corps contributes more than the recruiting agent, because it economizes the man power and sensibly increases the total strength of the nation. It has been definitely stated that those nations which have had the service of an ample corps of thoroughly trained nurses have shown a decidedly higher percentage of recoveries and an appreciably shorter average term of convalescence than those who have had to depend on unskilled and undisciplined volunteers. We should be very much surprised and disappointed if such a saving could not be demonstrated by actual statistics, not only because it would be a needed demonstration of the superior value of expert knowledge and skill, but because it would show that the passion for life-saving which has always been so strong in nurses and particularly in such great leaders as Florence Nightingale, is still as potent as ever.

Like her prototype, the mother, the nurse has also shown herself to be a good fighter, especially where the life or welfare of her charge is menaced. We think at once of the nursing knights of the crusades, whose function it was not only to comfort and relieve the sick, but also to defend and protect them by force of arms, if necessary. This fighting spirit the nurse shares with the soldier, developing a kind of feminine chivalry which has been wonderfully illustrated in the case of the nurses on a torpedoed transport, who refused to accept life-belts from wounded men and insisted on "Tommies first," in spite of the old familiar rule of the sea. Like the soldiers, too, we expect the nurse to show the Spartan spirit, with its contempt for selfish indulgence, its fearlessness in the face of danger, its courage and hardihood and daring. It is good to know that in Serbia and in Belgium and wherever men have gone to face death and disease, nurses have gone too, showing the same old hardy adventurous pioneer spirit which has won for them so many laurels in the past. They have stayed at their posts, like good soldiers, and some of them, like Edith Cavell, have met death, but we hear of none who have deserted.

Patriotism is a virtue which, like many of the others mentioned, is not confined to any single group. In the nurse, however, we expect a readier response to the call of duty, a greater willingness to sink her individu-

ality in a common task, a greater steadfastness and trustworthiness in positions of responsibility, than we find usually among amateur volunteers of equal patriotic devotion, but without the long experience in meeting critical situations and the habit of ready obedience and intelligent coöperation. These qualities we draw largely from our soldierly spirit and training.

But we have a great many traditions which come from a very different source. For many centuries the religious orders were almost the sole representatives of the nursing and philanthropic spirit, and the monastries the only harbors of refuge from the cruelties and turmoils of life. Pre-eminently theirs was the spirit of hospitality, of charity, and humanity which gave comfort, assistance, and nursing care to all who came, regardless of race or color or creed. They ministered to friends and enemies alike, and, though their motive was not entirely free from self-seeking and narrow sectarianism, they showed a spirit of democracy and brotherhood which has been a great inspiration and example to every nurse and social worker. It has been a matter of great pride that, through all the passions and prejudices aroused by war, nurses and physicians of all nations have been able to maintain so well these traditions of impartial and disinterested service and professional fellowship. It gives us more faith in the final triumph of that world spirit of internationalism which we all look to see in the future.

There is another tradition which we owe to the religious orders. It is suggested in the name of "Sister," which their members still bear, and which European nurses generally retained, but we discarded, after the secular system was established. I am glad the name has come back into current use among our nurses, because it serves to emphasize a kind of relationship between the woman-nurse and the man-patient, which is unique and perhaps apt to be overlooked. In older and more barbaric times it was necessary to wrap the nurse round with a special robe of sanctity, and to hedge her about with vows and prohibitions, in order to allow her to carry on her work among men with safety and self-respect. The secular servant nurse of the Gamp type was so glaring an evidence of moral failure that it was necessary to re-establish public confidence and trust in any kind of a secular nurse. We owe it to Florence Nightingale and the splendid women who followed her that the idea of sex-adventure and sex-exploitation has so largely been eliminated from the relationship of nurse and patient, and that we have so fully demonstrated the superior protection and public respect that comes from the professional and more impersonal type of relationship. This is not incompatible with wholesome good friendship and mutual respect and regard, but it eliminates romantic philandering, discourages the deliberate exploitation of emotions and sensibilities which are not conducive to mental or physical repose and may unfit one to act with decision and good judgment in situations which usually demand the coolest and sanest judgment. No one wishes to deprive a nurse of any of the normal ex-

periences of life, but in her professional capacity she has to consider not only the greatest welfare of her patient and those about her, but the reputation of her profession, which is so easily injured by the thoughtlessness or indiscretion of any of its members. The frivolous and susceptible young amateur nurse, who is too often merely a thinly-disguised matrimonial adventuress, can be more readily forgiven for a lapse of this kind, but it is harder to excuse nurses who have been bred by a sterner and more honorable code. It would be untrue to say that no adverse criticisms of professional nurses have appeared on these or other ethical grounds, but considering the extent to which our members have been in the limelight, and the difficult situations in which they have been placed, we believe that we will not be ashamed when we compare them with other groups of women, and that few of them will fall down below our own best standards.

I might speak of the social or humanitarian spirit which shows itself in constructive, public-spirited effort to improve civic and social conditions, the religious spirit which is marked by a high type devotion to moral ends and reverence for the deeper and more spiritual things of life, the scientific spirit which is characterized by a spirit of inquiry, a devotion to truth, and a hatred of all forms of superstition, dogmatism and quackery. The nursing spirit has also been influenced to a considerable degree by our contact with medicine, which has always shown a high sense of responsibility toward the public, a fine standard of honor and courage, a spirit of great generosity and tolerance toward human frailties and weaknesses, and a loyalty to colleagues which is rather unique in professional relationships. These ideals nurses also share and aim to realize in their work.

It is too early to say just how the whole record will stand when the war is over and our heroes and heroines return. There will be a great gathering up of experiences and impressions, and there will be many thrilling stories to tell. But it will be of little profit as far as the profession is concerned, unless we are able to sift out all the evidence and find just where we have made good and where we have failed most conspicuously—where our training has helped us to meet these new and difficult situations and where it has been weak. If we are only assured that the nursing spirit is still sound and true, we can go forward with confidence to the greater tasks of the future which are clamoring to be done, and to the work of reconstruction in which our profession is certain to have such a conspicuous share.—*The Winnipeg General Hospital Alumnae Association Magazine.*

Sir Thomas Oliver, the well-known physician, lecturing at Newcastle, mentioned that out of fifty-two consecutive compound fractures treated at the Northumberland War Hospital, all poisoned, not a limb nor a life was lost. Before the war such fractures, he said, almost invariably resulted in death or loss of limb.

Some Medico-Sociological Problems Arising Out of The War

By W. H. Hattie, M. D.
Provincial Health Officer, Halifax, N.S.
Read at the Canadian Public Health Association, Ottawa, September, 1917

According to "The Passing Show" of a recent date, the officer said: "That's a pretty awkward lot you have now, Sergeant?" and the sorely tried sergeant-instructor replied: "That they are, sir. It's the like of them, sir, that brings 'ome to us what a 'orrible thing this war is, sir!"

Now, there's many a true word spoken in jest, and even though this may have been intended as a joke, it has a serious side. The average drill instructor is not only singularly facile in picturesque expression, but his words go as his bullets should—straight and true to the mark. The sergeant has given voice to an actual fact. In comparison with the men who marched away in the earlier stages of the war, it must be obvious to everyone that those recently enlisting average but poorly in physique, in alertness and in military adaptiveness. There has been great depletion of our most capable men, and we are in very truth but beginning to appreciate "what a 'orrible thing this war is."

It would be quite inconceivable that a war of such exceeding magnitude should not create a large variety of problems having a more or less direct bearing upon the health and efficiency of our people. All these problems doubtless have a bearing upon our physical well being, however indirect it may be. Many are in essence medico-sociological, and it is to some only of such problems that your attention is now asked.

Most appalling and most appealing of all the aspects in which the war affects us is, of course, the frightful toll of life. Out of the very best of the manhood of the world millions have rendered the supreme sacrifice in some martial service. Some day we may have tolerably accurate figures relative to these losses, but we will never be fully informed as to the number of civilian lives which have been blotted out in consequence of the rigors and distresses to which non-combatants have been and are being subjected. The suffering thus caused is immediate, and falls upon us. But what is to be the effect upon future generations? The men who have gone to the front are those who, in theory at least, were best fitted to father a vigorous and virile generation—a generation which might flourish despite unfavorable conditions of environment. The loss by death and disablement must almost inevitably have an effect upon the birth-rate and stock-quality of the next generation. The labors of world reconstruction must then devolve upon a depleted population handicapped by a relatively weak progenitorship. It would be easy to make alarmist predictions in the face of such possibilities, but this is no time for pessimistic prognostications. We must look forward in the same

spirit of determination and of readiness to do our bit which characterizes our lads in the battle line. Unrestrained but well-directed effort must be made to discover and apply those measures which will best counteract the disabilities with which we must contend, so that our supremacy may be in no way impaired or even threatened.

In some respects, at least, the war has thus far not had so prejudicial an effect as we once feared, even before a full appreciation of its stupendousness had been forced upon us. It is perhaps too soon to state assuredly that these early fears may not yet be realized, but with the advantage of a better perspective, and under compulsion to be more seriously attentive to the problems which we must solve, than in those days of relative light-heartedness, we may feel reasonably confident that many of our first apprehensions will never become really portentous.

In view of the human wastage being occasioned by the war, it is but natural that we should take an exceptional interest in the birth-rate. This, as is well-known, has been the occasion of much anxiety in European countries for several years. While the effect of the war upon the birth-rate of enemy countries must, with us, be rather a matter of speculation, a number of seemingly authorative returns indicate that there has been a marked falling off in the number of births in those countries. In Bavaria, the birth-rate for 1915 is given as nearly 24 per cent. less than that for 1913. In Berlin the falling off amounted to 20 per cent., and in Vienna to 26 per cent., while the mean falling off in ten enemy cities (including Berlin and Vienna) was 27 per cent. So seriously is the situation regarded in Germany that we read in one of Carl W. Ackerman's articles that a leading physician and alderman of Berlin, one Dr. Engel, publicly argues in favor of a kindlier consideration of illegitimacy, although one would not have thought, judging from the statistics of other years, that the German people have ever been keenly meticulous in their attitude in this matter. Ackerman asserts that the German Government now actually encourages illegitimacy, although necessarily by indirect means, and he quotes Dr. Engel as stating that the number of illegitimate children born in cities such as Berlin, Hamburg and Munich has increased from 15 per cent. in 1914 to 45 per cent. in 1916. Such an increase in illegitimacy in the face of a markedly reduced birth-rate is surely a problem fraught with future possibilities.

British figures offer an interesting and encouraging contrast. Here, too, there is a falling off in the birth-rate, but it is very little greater than what might be termed the normal decline of the past decade or longer, amounting for England and Wales (comparing 1915 with 1913) to less than 8 per cent. The mean of nine British cities shows a decline of about 9 per cent. On the other hand, the illegitimate birth-rate (1915) in England and Wales, while, in proportion to the total number of births, slightly higher than for several years preceding, is, when estimated on the number of unmarried and widowed women between the ages of 15 and 45, the lowest on record.

Our Canadian figures are, of course, of peculiar interest to us. For several years there has been a gradually increasing birth-rate in all our provinces with the exception of Quebec, and possibly also of New Brunswick, which does not publish its vital statistics. As far as I have been able to secure figures, this tendency has not been adversely affected by the war. In respect to illegitimacy in Canada, returns are not available for all the provinces, but in Nova Scotia, Ontario and Saskatchewan, which publish statistics on this point, the figures are quite as creditable as they were in normal times.

In intimate association with the question of the birth-rate, there naturally falls the infantile death-rate. As far as enemy countries are concerned, we are again somewhat in the dark. Some statistics would indicate improvement in certain communities, but many of the reports which have come to us from those in a position to formulate approximately accurate opinions, and who would have no good reason for misrepresenting conditions, indicate that there has really been a definite increase in the mortality amongst infants in these countries. In England the rate has been rapidly improving for some years. In 1915 it was 110; in 1916 it was 91—the lowest on record. In 1916 London brought its rate down to 89—a veritable triumph. In Scotland the rate for 1916 was 97—again the lowest on record. And in practically every Canadian province we have been steadily bettering our returns in this particular, and have had no set-back in consequence of the war.

It would seem, therefore, that in these very important particulars, at least, Canada and the Motherland have thus far suffered little in comparison with enemy countries. This gives us an initial advantage the value of which can scarcely be overestimated, but which of course is in relation more particularly to enemy countries. Some of our Allies, with whom we must ever compete in the enterprises of manufacture, trade and commerce, will emerge from the war less strained than we will be. We must be fit to successfully meet such competition. Others of our Allies, those who have had to endure devastation which no other age could have thought possible, must have our support and assistance for many a year after peace has been declared. And even in the redemption of the enemy countries it is quite possible we may be assigned a role. It is evident, therefore, that the future has so much for us to do that we cannot afford to rest content merely because our present status in the particulars noted is better than that of our enemies.

A good deal of uneasiness has been caused by the impression that there has been an increase in crime and delinquency since the outbreak of the war. There is good reason to believe that this is true of enemy countries, and it is also true of the Motherland. In Britain, however, the increase in offences has been largely in those of a minor character, although very unfortunately the curve of juvenile delinquency has risen sharply. While the removal of paternal restraint is the cause assigned for the major part of the increase in juvenile delinquency, stresses inci-

dent to or accentuated by the war, acting more or less directly upon the health of the individual, are accountable for a very considerable proportion of the offences. I have endeavored to obtain statistics with reference to the effect of the war upon juvenile delinquency in our Dominion. The methods of dealing with the neglected and dependent children, and of compiling statistics with reference to them, differ greatly in different provinces, and I have failed to get satisfactory figures for all the provinces. While some communities report a notable increase (Montreal, 40 per cent.), it does not appear that this is generally applicable to the Dominion. The total number of convictions of juvenile criminals, according to the returns of the Census and Statistics Office, was 3,050 for 1915, and 3,157 for 1916, as against 5,280 for 1914. But two superintendents have made the very important comment that there has been an increase in delinquency amongst mothers during the absence of the fathers on military service. This cannot but react unfavorably upon the children, and is therefore a matter for our careful consideration.

As for crime generally, in Canada at large, it is sufficient to say that while the convictions for indictable offenses, and the convictions and sentences for all offenses, increased rapidly in numbers from 1912 to 1914, substantial decreases are recorded for 1915, and still more substantial decreases for 1916.

A very interesting sidelight upon the question of war and crime is contained in a contribution to the *London Daily Mail* by Mr. Edwin Pugh, in which he refers to a recent official announcement that 7,000 out of 15,000 convicts and misdemeanants in the British Isles had been allowed to volunteer for military service. Out of the number 530 had been killed in action, 49 had died of wounds, 13 had died of sickness, and 1,530 had been wounded. But the point of greatest significance is this: Three had received the V. C., 25 had been recommended for the D. C. M., 20 had been mentioned in dispatches, and eight had been given commissions. To so great an extent, therefore, the war may be regarded as a redemptive factor in the realm of criminology.

The effect of the war upon the mental stability of our people is another matter to which we naturally turn our attention. One might reasonably expect that the anxieties, deprivations and other stresses to which both soldiers and civilians are being subjected would lead to a notable increase of mental disorder, with all that that implies. From the old land, however, the information we receive is most encouraging. The superintendents of several prominent British institutions for the insane report that thus far there has been little, if any, added incidence of insanity in the civilian population, and they in fact anticipate that the greater variety of occupations now available to women by enabling them to obtain work for which they are best fitted will increase their mental stability. Whilst there are many cases of mental disorder in soldiers, these are mostly of a recoverable nature. In Canada we have had a practically identical experience. Few of the superintendents of our institutions for the insane

report any notable incidence in mental disorder which can be traced directly to the war, and the majority of cases which are so attributable have been in persons of unstable nervous organizations who would doubtless have broken down, sooner or later, under some other stress.

One of the most potent factors in the causation of mental and other diseases, degeneracy, poverty and crime, has, without doubt, been the abuse of alcohol. It is impossible to believe otherwise than that the sentiment in favor of restricting the manufacture and sale of intoxicants, which has been so greatly strengthened by the war, will increase rather than lessen after peace is declared, and it is a fair assumption that we will, in consequence, have less insanity and other diseases attributable to alcohol, and less crime in future than we have had in the past. Perhaps nothing has developed out of the war of greater interest or greater significance than the unanimity of the leaders of the warring nations in declaring their recognition of the effect of alcoholism in reducing efficiency, or than the practically synchronous action of the various nations in adopting measures to mitigate the evil. This must be regarded as a medico-sociological matter of the greatest moment.

The terrible experience which our magnificent ally, France, is now facing in the matter of tuberculosis must be given at least a brief reference. Dr. Hermann M. Bigg's report upon his investigation of tuberculosis in France is, of course, familiar to all of you. The remarkable contrast in the experiences of our own Motherland and of La Belle France in this particular must be regarded as conclusive proof of the efficiency of the anti-tuberculosis measures which have been carried on during the years in England, but which were so unfortunately neglected in France. We have reason to be profoundly grateful that England and the British Dominions had made an advance in dealing with tuberculosis which has stood them in so good stead at so critical a time, and we may feel sure that so remarkable a demonstration of the real value of anti-tuberculosis work will secure for it much more sympathy and support than it has had in the past. We have enlisted many tuberculosis men, and they are now costing Canada from $1,200 to $1,300 a year each. This fact in itself will impress upon our people the economic importance of tuberculosis control, and the part which ill-health plays in producing military inefficiency will awaken a fuller realization of its influence in lessening efficiency in the prosecution of the pursuits of peace times. We may hope, too, that the plan adopted by the Military Hospitals Commisison in providing sanatorium treatment for tubercular soldiers may be but the beginning of a National system of control of tuberculosis, which would seem to be the most reasonable and most hopeful method of dealing with this disease.

The success which has attended the efforts put forth to control the communicable diseases, which in former wars worked such havoc amongst the troops, must give an impetus to public health work at home. It can scarcely be doubted that our soldiers will come home so impressed with the importance of sanitary measures that they will all be missionaries of

our propaganda, while the unanimity with which the war correspondents endorse the merits of military sanitation will strengthen the confidence of our people in sanitary measures generally, and enable them to endure the restrictions which sanitarians sometimes impose with greater equanimity. This may be expected even in the case of the venereal diseases, which have heretofore proved so baffling a problem in public health work, but which have been shown by military experience to be amenable to a degree of control which, a few years ago, even the most optimistic would not have thought possible. The revelation of the astounding prevalence of venereal disease could scarcely have been made so effectively in peace tmies, and the war has given an unique opportunity for educational effort. It would be difficult to overestimate the medico-sociologic importance of this single factor in the progress of preventive medicine.

Then the addition to our knowledge of medical and surgical procedure, already so extensive, will be greatly increased as the result of the more deliberate study and reasearch which will be possible after the war ends, and will place us in a much better position than we have been heretofore in our endeavors to cope with the various ills to which flesh is heir.

All these things give us encouragement to believe that the agonies of the war may fairly be regarded as the birth-pains of a new development in preventive medicine—one which will have the popular support which is essential to success, and one which will prove the most potent factor in offsetting the most deplorable of the evils which the war has brought upon us. But we must not await the end of the war in our endeavor to work out our salvation. Just as we gave too little heed to the matters which were really of most material concern to us in the piping days which were ours before the fateful events which precipitated this horrible struggle, so even to-day we are sacrificing more of our people to inglorious death through preventable diseases than are being lost to us in the far-flung battle line. Moreover, we are faced with the most disconcerting fact that from 35 to 40 per cent. of those Canadians who volunteered their services in the great cause were either rejected at the time of application or were later found unfit for military service. Whether or no we may take this as an index of our disability in the struggle to secure and maintain a foremost place amongst the nations may be debatable, but it cannot be considered a satisfactory showing for a young and sometimes a boastful people, and must be regarded as a stirring call to more vigorous combat of the conditions which militate against efficiency.

And we must remember that the war has not been won; that there lies before us a long period of stress and strain, of denial and distress. There is reason to fear that the prosperity which we have been enjoying may not be long continued. There will still be demand for our men and for our products. This will lead to greater demand for the labor of our women and perhaps even of our children. We must be wise in dealing with matters of such great moment. Child labor, at least, must be most

strenuously opposed. The recent statement of Mr. Prentiss Gray, Commissioner of Relief for Belgium, that, mainly in consequence of ill-nourishment, the mortality in the industrial centres of Belgium and northern France has advanced from 15 per cent. to 65 per cent. must impress us with the need for doing more for our Allies and also for ourselves. We must watch with meticulous care the effect of food control upon our own people. Baden-Powell's dictum that "nothing sharpens a man's ingenuity more effectively than an empty stomach" is not a good rally-cry for the conservators of the health and efficiency of the people. A special effort must be made to see that our children and nursing mothers are abundantly nourished. At whatever cost we must save the kiddies.

Nor is it sufficient to limit our efforts to the reduction of infant mortality. Important as that is, it is not as important as judicious medical supervision of children throughout the years of their attendance at school. I am very strongly of the opinion that there is nothing in all the field of public health work which offers more reasonable prospect of profitable returns than well organized medical supervision and control of our school children, and feel that our Federal Government could render no more effective aid to preventive medicine than to organize such a system, in coöperation with the provincial authorities, and to provide such financial assistance as would make it applicable to every school in the Dominion. At this time, when it is so necessary to prepare our growing boys and girls to take on the unusual burdens which our war losses will necessitate them to assume, it is only by national organization that we may hope to attain the results which it is imperative we should have if we are to escape national disaster.

The effect which the war has had in withdrawing a large percentage of medical men from civilian practice, and in reducing the number of students in the medical colleges, is another matter which is not without medico-sociological bearing. There can be little doubt that the depletion of certain districts has already become sufficiently marked to occasion anxiety, and the need for medical men at the front continues. A difficult problem may present itself in this connection. The needs of the civilian population must be considered, but it is by no means so easy to allocate civilian practitioners to certain districts as is the case with medical officers of the Army. It is not impossible that the necessity may arise for the State to interfere, and to prescribe areas in which physicians may practice. We must not cling too tenaciously to our ideals of democracy at a time which is so pregnant with peril, but, before adopting so drastic a measure, an honest effort should be made to see what can be accomplished through coöperation of the military and civil authorities. Something might be done by assigning senior members of the profession to many of the home military duties which are now occupying much of the time of younger practitioners, and thus release a considerable body of the more physically fit of the profession for the more arduous fields of medical practice.

While the reduction in the number of medical students has thus far not been sufficient to cause real concern, there is a chance that conscription may make this a matter of moment, unless due consideration is given to the medical needs of our communities in the selection of conscripted men.

That the present shortage in medical men, and the prospective greater shortage, constitute an additional reason for the most vigorous prosecution of public health activities, would seem to require no argument. And others might be present, almost *ad infinitum*. Never before has the need for aggressive public health activity been so great. The most effective way to offset the loss of life which the war is causing is to prevent needless death at home. The most effective way to offset the loss of property and of wealth is to make our people physically and mentally capable of meeting the enormous demands which the work of rehabilitation will force upon them. To accomplish such a task is the obvious and the patriotic duty of those engaged in the public health service.

Helping to Solve A Prairie Problem

How the People of the Western Provinces are Endeavoring to Provide Hospital Accommodation for Their Rural Sick.

By David Grieve Tuckwell

Formerly Mayor of Lloydminster, Saskatchewan, Organizer of Municipal Hospitals for the Province of Saskatchewan.

A very widespread interest has been aroused throughout the Western Provinces concerning the question of hospital accommodation and nursing attention for the prairie sick. This matter has been the subject of legislation in the twin Provinces of Saskatchewan and Alberta, whilst in Manitoba and British Columbia public interest is crystalizing in favor of similar enactments. Saskatchewan was the pioneer in this movement, and by an Act passed last year made provision whereby groups of rural and urban municipalities may coöperate in the erection and maintenance of hospitals to serve their people. Alberta has followed this good lead, and an Act very similar in character received its final reading and was placed on the statute books of the Province during the recent session of the Legislature.

The Saskatchewan Municipal Hospital Act provides that two or more rural municipalities may coöperate with one or more urban centres in the establishment of a Municipal Hospital. Each municipality concerned has the power to levy a rate not exceeding two mills on the dollar, on all assessable property within its borders, for hospital purposes. The managing board is composed of representatives appointed by the Councils of the coöperating municipalities, but not necessarily

members thereof, and is a body corporate, with powers governing such bodies.

Possibly the feature which has commended itself more especially to the prairie people in connection with the establishment of these rural hospitals is the immense benefit which they are calculated to confer in maternity cases and emergency sickness. In the sparsely settled districts of the West, where the local medical men have to travel long distances, and in the almost total absence, over wide areas, of capable nursing assistance, women are enduring very serious hardships. Not only are they called upon to perform their ordinary household duties, but all too frequently the hard, laborius work of the farm falls to their lot; this harsh physical striving has a very pernicious influence, especially during the later pre-natal period, immensely increasing the perils of maternity. It will be easily understood, therefore, how anxiously the prairie women are looking to this rural hospital movement for relief.

As an indication of the esteem in which these institutions are held where they have been established, the following quotation from a letter written by the secretary-treasurer of one of the contributing municipalities may be of interest: "Before the inauguration of the present system (that is of free hospital accommodation) only a small percentage of maternity cases passed through the hospital, the women cheerfully taking a chance on their lives for the sake of helping the farm along. During the past five months nineteen women from this municipality have been in the hospital. We are saving the lives of our women at the small cost of three-quarters of a cent per acre."

Broadly speaking, four rural municipalities require a hospital providing accommodation for twenty-five beds, besides quarters for the working staff. The cost of such an institution for building and equipment is estimated at from $1,200 to $1,500 per bed capacity, or between $35,000 and $40,000. Raised by debentures spread over a term of thirty years, and borne by the municipalities in proportion to their assessable value, this capital expenditure represents a very modest increase to the homesteader's taxes. Regarding maintenance, whilst it might be difficult to determine absolutely the cost to any one municipality, careful investigation suggests that from fifty-five to seventy patients might be expected from each rural municipality, with an average stay in hospital of fourteen days, at an estimated cost of $2 a day per patient. This would mean that for capital cost, on thirty-year debentures, bearing interest at 6 per cent., each rural municipality would have to provide less than $1,000 per annum, whilst for maintenance, should the maximum estimate be realized and seventy patients receive treatment for fourteen days per patient, $1,960 would be required, or a total cost to each municipality of something like $2,960. As the Saskatchewan Government, however, makes a grant of fifty cents per day for every patient in the hospital receiving treatment, $490 would be received from this source, leaving the rural municipality to provide less than $2,500 to meet its

debentures, establish a depreciation fund, and pay the hospital fees of any of its ratepayers or their dependents. When it is remembered that the 297 rural municipalities in the Province of Saskatchewan have an average assessable value of $2,750,000 each, it will be seen that a one-mill rate will yield at least $2,750, or $250 in excess of the total amount required as the proportion from any one municipality to finance the whole undertaking of building, equipping, and providing free hospital accommodation, and the best of skilled nursing attention for every ratepayer and his dependents who may require it, and that without involving any sense of obligation, as the system is one of coöperative municipal insurance.

A twenty-five bed hospital such as is above referred to would possibly require a staff of five graduate nurses, including the matron. Express provision is not made for the employment of a medical superintendent, the local doctors throughout the district having free access to the hospital for the treatment of their patients. Should the Board, however, favor the employment of a resident medical man, there is nothing in the Act, in either Saskatchewan or Alberta, to prevent this idea being carried out.

Dr. Maurice M. Seymour, Commisioner for Public Health in the Province of Saskatchewan, has manifested the very warmest sympathy towards this movement ever since its inception, and owing to his active interest, and that of the Minister of Municipal Affairs, the Honorable George Langley, under whose department the Bureau of Public Health is administered, meetings have been held in many parts of the Province where information as to the operation of the system has been afforded. Where such hospitals have been erected, the people are enthusiastic as to the benefit which their operation has conferred. The local medical men are also keenly interested. In one district where such an institution is projected, the local practitioners have agreed amongst themselves to take a post-graduate course in order to brush up their surgery so as to qualify themselves further for their work, the absentee's patients to be attended by his brother physicians, who will in turn take advantage of the like courtesy.

Altogether this movement appears to be one destined to have a far-reaching influence throughout the Western Provinces, and its operations will be watched with the keenest interest by all who have the well-being of our prairie people at heart. It has received nothing but the warmest sympathy from the medical profession, the pulpit, and the press. Speaking at the convention of Rural Municipalities of Saskatchewan, held at Saskatoon some weeks ago, the writer predicted (a sentiment received with a marked demonstration of approval) that the time was not far distant when a municipal hospital, free of access to the people, would be within reachable distance of every homesteader and his family throughout the province.

In connection with this movement the Commissioner for Public Health proposes to establish a system of district nurses, whose duty it

shall be to visit the country schools, give pre-natal instruction to expectant mothers, and act to some extent as a connecting link between the hospital system and the people living in the more out-lying districts. Where the districts are too remote to adopt the hospital scheme, rural municipalities are being encouraged to subsidize local medical men as an inducement to their settlement.

A bonus of twenty-five dollars is also made to needy expectant mothers, so that it will be seen that the Government of Saskatchewan is striving manfully to solve one of the great pressing problems of the West; or is at least guiding the people wisely in their endeavor to arrive at a satisfactory solution of their own.—*The Canadian Medical Association Journal.*

The Birth of The Nursing Profession in China

By Dr. Harold Balme, F.R.C.S., Eng., D.P.H., Lond.

Superintendent of the Shantung Christian University Hospital, Tsinan, China.

Among the many dramatic changes which are taking place in China to-day, it is difficult to find any which combines more encouraging elements than the birth of the new Nursing Profession; and, apart from the immediate claims of the war, it would be difficult to find, in any part of the world, so interesting a challenge and an appeal to highly-trained nurses in Canada and America which this movement embodies. It is almost impossible to describe what it really means. To attempt to visualize it, even in the faintest manner, one has first to picture a great nation of nearly four hundred million intelligent people, living in a country where suffering and sickness of every description abound on all hands; to remember, in the next place, that up to a few years ago the educated classes were entirely unconscious of any responsibility to help the sick, and inclined to regard with disdain the work of ministering to their needs; and finally, to grasp the significant fact that within this last decade the dignity and possibilities of the nursing calling have begun to permeate student ranks everywhere, with the result that well-educated young women (and men, too, for that matter) are catching the vision, and are seeking to be trained for this noble life-work.

Perhaps the best way to try and describe this remarkable change will be to give a short account, in narrative form, of what we have actually seen and experienced in the hospital with which I am personally connected. This hospital is situated at Tsinan (which, by the way, is pronounced very like Jee-nan), a city of some 300,000 people, situated nearly half-way between Peking and Nanking, and, as the capital of the Province of Shantung, one of the most important cities in the northern half of China. The hospital, moreover, is directly connected with a

School of Medicine, the largest of its kind in China; and yet, in spite of these facts, within so short a period as five years ago there was no nursing whatever being carried on there. It must sound absolutely incredible to those of you who think in terms of Canadian hospitals; but such was the fact, and such is still the position in eighty to ninety per cent. of the hospitals in China to-day. The truth of the matter is that they are not hospitals at all, in the modern sense of the term; they are merely hostels or inns, where the patient and his friends take up their residence while he is receiving the medical attention of the hospital physician.

This is exactly what was taking place at Tsinan five years ago. Every patient brought in his own bedding and clothing; his friends remained with him in the hospital to "nurse" him (please excuse the term!), and it was they, in consultation with the patient himself, who decided what he should eat, and who prepared the meal!

What were the causes of this backwardness, which, to this very day still persists in so many of the hospitals in China? They were twofold. There was first of all the natural suspicion and fear of the people, a fear which in the early days could only be met and dispelled by allowing the patient to have his own friends to look after him. Such a reason hardly exists to-day, except in remote inland stations, for the work of hospitals all over China has generated a new atmosphere of confidence and friendship, which makes it possible to make great advances.

But the second difficulty was far harder to overcome. It arose from the erroneous conception of nursing prevalent in China, particularly among the better classes, and which regarded the care of the sick as only fit for old women of the lowest social grade. No better-class man or woman would touch a patient, if they could avoid it; and nothing used to surprise them more, or, possibly, did more to break down these wrong conceptions than to visit a hospital and see a well-bred, cultured physician or nurse from the West gently dress a foul ulcer, or attend to some repulsive medical condition.

Our first nurse came to us from Scotland, with an excellent training, obtained at the Royal Infirmary, Glasgow, and was fortunately one of those people of whom there is so great a need in China to-day, who can quietly face misunderstanding and disdain while she set to work not to follow but to *create tradition*. She very quickly showed them—to their amazement, and possible disgust, at first—that there was no kind of work, from bathing a filthy patient to scrubbing out an operating theatre, which she considered beneath her; and very puzzled were the looks that were cast at her in those days! Hospital assistants and students and well-to-do patients could none of them determine who or what she could be, whether a superior sort of servant from those extraordinary Western lands, or a religious fanatic acquiring merit! But meantime the work went on; the patients' rooms became a little cleaner; the patients found themselves being cared for by a gentle, skilled hand; the students discovered that the new nurse knew as much about the science of asepsis

as they did themselves; and the way was being paved for a great forward step in hospital administration.

The first advance was the elimination of the patients' friends and their substitution by our own paid helpers. It was a great day in the history of the hospital when we said good-bye to those well-intentioned, illiterate, insanitary old aunts and serving-women and hired men who had hitherto looked after the patients' interests by providing them with indigestible meals, securely closing the ward windows, and "examining" the progress of their operation-wounds with their unwashed fingers! The more timid among us had suggested that their removal would affect the willingness of patients to enter the hospital, but such fears proved to be entirely without foundations, so well had confidence become established. The great trouble arose from the fact that it was still impossible to secure the kind of assistance we wanted. We had to rely on the hiring of uneducated ward orderlies, male and female, whose lack of background made it impossible to give them any satisfactory instruction in their duties, and equally impossible for them to grasp the underlying principles of hygiene and dietetics and therapeutics which make it quite worth while to wash a patient, although "he did have a bath on admission," and equally inadvisable to let him chew melon-seeds the day after his laparotomy, even if "he is quite sure they will not do him any harm!"

It was a great improvement on the day of the patients' friends, but still very inadequate.

It was just at that stage, when we were beginning to despair of ever making real nurses out of these paid assistants, that the good news reached us that in various of the High Schools young men and women were beginning to evince a new consciousness of their duty towards their sick fellow-countrymen, and were enquiring as to the possibility of taking up nursing as a life-work. (Here it should be noted that with the exception of one or two very progressive centres like Shanghai, where constant intercourse with foreigners has modified Chinese ideas on etiquette, it is not yet feasible to contemplate the employment of women nurses in male wards, though there is little doubt that this will soon follow).

We could hardly believe it possible that the day for which we had so longed had actually come, but enquiry revealed the fact that a small group of well-educated girls were willing at once to enter on a three-years' course of nursing training, on similar conditions as in this country; and when, a year later, we announced that we were prepared to take in our first class of twelve male nurses, on the same terms, fifty applicants, almost all of them High School graduates, sent in their names for admission.

We were rather afraid at first that they misunderstood what nursing really meant, and were regarding it as a short cut to becoming doctors, and after choosing the most promising of the number, we not only required them to sign a guarantee that they would never assume

the title or duty of physicians, but also endeavored to impress them by laying great stress on the more menial and tedious side of a nurse's duties. Furthermore, we insisted on a time of probation, during which we did our best to give them a practical introduction to those said duties. It was a severe ordeal, for one must remember that not only had they themselves been accustomed to regard such work as entirely beneath a student, but the patients whom they had to tend had exactly similar notions, and were inclined at first to treat them as belonging to that class which alone, in their opinion, would ever consent to engage in such an occupation. But they came through the test remarkably well, and with very few protests, and we had the thrilling experience of realizing that a new Nursing Profession had come to its birth in China, with all its untold potentialities for the future of the nation.

It is impossible to go into detail as to the progress made since that time, and I can only attempt to sketch the barest outlines. The first thing we did was to collect funds and erect an entirely modern hospital, built and fitted up and equipped according to latest standards, with foreign beds and bed-linen, ward appointments, etc., etc. At the same time we instituted a new set of In-patient regulations, with proper restrictions as to admission, diet, visiting hours, etc. Again the timid ones suggested that it would be asking too much to expect ignorant, frightened Chinese patients to submit to such impossible rules as being bathed on admission and put into hospital clothing; not being allowed to bring a single article of food into the wards, and such like. But there was not the slightest difficulty, in fact it proved possible to go even farther than is usually done in a home hospital, by making such rules as, for example, that all visitors should cover their shoes before entering the wards with washable covers provided at the Hospital vestibule; that only one friend at a time should visit any particular patient; and so on.

Meanwhile, some of the hospitals in other parts of China had been reaching the stage which I have just described earlier than we had done, and a Nurses' Association was formed which at once began to address itself to the essential tasks of drawing up suitable entrance standards, curriculum, nursing examinations, etc., and commencing to translate the more important nursing textbooks into Chinese. So new was this work to China that the language did not even contain a suitable term for "nursing,' as we understand it, and it had first to be decided what term to employ. But various workers set themselves to the task, both physicians and nurses, with the result that a nursing literature is gradually being produced, which is enabling us, not merely to conduct classes in the various subjects which go to make up a nursing curriculum, but also to put suitable books, in their own language, into the hands of our probationer-nurses.

Naturally enough so radical a change has not been accomplished without meeting difficulties, though it is remarkable how few they have really been. One of the first we met arose from the somewhat confined

sense of duty which the ordinary Chinese student has. So long as we were able to divide up the ward work, and apportion it out among the respective nurses, all was plain sailing; but directly one came up against that kind of work which could not be so apportioned, or the extra emergency duties caused by one or another being called away from their ordinary tasks, trouble arose, and it was only gradually that we instilled into their minds that everything which concerned the welfare of the patients was equally the concern of every one of them, and must on no account be left unattended. It has been wonderful to see the progress which some of them have made since this new conception—so foreign to ordinary Chinese ideas of responsibility and irresponsibility—began to seize them, and some of our senior nurses to-day have as keen a sense of duty as one could ever meet with anywhere.

Night-work was another difficulty, and remains so still, to some extent. The new nurses did not take very kindly to it, and were not at all anxious to spend such time in their beds during the day as would ensure their getting sufficient sleep, with the result that various of them were caught nodding at their posts on different occasions, and a good deal more than nodding in some instances! It was not, in fact, until we resorted to the drastic step of expelling one or two of the extra sleepy ones that they began to realize the seriousness of the offence.

Another difficulty has been their complete ignorance of Symptomatology—even from the layman's standpoint—and their consequent uncertainty as to what kind of symptoms to be on the lookout for. To train them in this essential part of their work we have had recourse to the use of a large Record Book, in which a daily record of each patient is fully made out, one-half of the page being devoted to instructions from the doctor to the nurse (arranged in such columns as Medicine; Aperients; Specimens to be retained; whether or not allowed up; special treatments; diet, etc.), and the other half to the Day and Night Nurses' reports of all observations regarding that particular patient. This of course involves a good deal of extra work, but it is having very satisfactory results in the training of the nurses.

Space will not allow of further details, but I cannot conclude this article without making a strong appeal to those nurses in this country who are as yet uncertain as to their life-work (especially those still untrained), to consider whether or not they are called to devote themselves to this unique work. It is not too much to say that the nurses who will be in China within the next decade will have the moulding of the nursing profession, and the forming of true nursing traditions, in their hands. Is it possible to contemplate a life-service more truly worth while, or one which will affect the happiness and comfort of a greater number of people? There are times in the history of every great nation when more can be accomplished in a single decade than is usually the case in a century, owing to the peculiar susceptibility of the more thoughtful people to receive impressions and create traditions at such a

time. Such an hour has now struck in China with regard to nursing, and there is a tremendous call for nurses of the highest possible training (especially administrative training) and earnest Christian character to give themselves to this unique task. And future generations will never forget their service.

A New Method of Treating Burns

Much has been written of the so-called "Ambrine" treatment of burns. Its success has been verified by medical men whose veracity is beyond question. Secrecy, however, in methods and medicinal agents is more or less intolerable to the medical profession. This fact has brought to the method much adverse criticism. Many will recall the correspondence between the *New York Outlook* and the editor of the *Journal A. M. A.* a few months ago. Lieutenant-Colonel Hull, of the Royal Army Medical Corps, writing in the *British Medical Journal*, speaks of a seemingly efficient substitute which he calls "No. 7 Paraffin." The formula is as follows:

Resorcin, 1 per cent.; Eucalyptus Oil, 2 per cent.; Olive Oil, 5 per cent.; Paraffin Molle, 25 per cent.; Paraffin Durum, 67 per cent. We quote the following method of application from the *New York Medical Record*:

"Melt the paraffin durum, and add paraffin molle and olive oil. Dissolve the resorcin in absolute alcohol (soluble 2 to 1), add the alcoholic resorcin, and lastly add the eucalyptus oil when the wax has cooled to about 55° C. A smaller amount of resorcin may be used or beta-naphthol, 0.25 per cent., may be substituted for it. The hard paraffin is subjected to a temperature of 130° C. by means of superheated steam; this, the author believes, being the essential process in the manufacture of ambrine.

"The burn, after being washed and dried, is covered with a layer of the No. 7 paraffin at a temperature of 50° C. (122° F.) either by a spray or by means of a broad camel-hair brush; over this is placed a thin layer of cotton wool, and a second layer of paraffin is then applied, the dressing being completed by another layer of wool and a bandage. Concerning the results of this treatment, Colonel Hull says they surpass those of ambrine.

"Severe burns of the third degree, accompanied by sloughing, and in a very septic condition, have cleansed and taken on healthy repair under this treatment after a trial of the ambrine treatment. Severe burns of both palmar and dorsal surfaces of the hands, extending to the tendon sheaths, have healed in three weeks without contracting cicatrices. Extensive burns of the flexor surfaces of the limbs, the reigons most likely to be altered by contracting cicatrices, have healed without apparent scarring. Burns of the face heal with a new healthy skin without scarring."

A Little Financial Suggestion

By F. V. Kennedy, R. N.

During these war times many of our local associations are finding their financial troubles pressing. So many members overseas, so many little expenses grown larger, so many things they wish to do that a practical suggestion for raising money may not come amiss.

The publication of a report of your Association in the form of a two-sheeted pamphlet will prove not only interesting to members at home and overseas, *but may be made a source of revenue.*

This report may consist of a cover and an inside sheet of four pages. The cover should be attractive, bearing name of association, motto, or crest. Page 1—a list of officers, members at home and overseas, married, etc. Page 2—a resumé of the association's history up to date (always interesting). Page 3—Secretary's report, Treasurer's report. Page 4—report of Red Cross work, social meetings, and other items not provided for on previous pages. Such a report is of interest and is valued by members at home and abroad, and may easily be compressed into four pages about five by eight inches.

Your source of revenue, which will cover expenses of printing and provide a nice little surplus, is found by soliciting advertisements from various friendly firms, such advertisements to be placed on the inside of covers and on back of pamphlet. Firms should be selected in whose goods nurses are interested, either directly or indirectly, and they are usually glad to help the association by giving advertisements, when its aims are explained to them, for be it remembered the general public is very ignorant regarding our associations, and a little education will not be out of place.

Let me beg, however, that the report be kept professionally dignified and the *advertisements confined to the covers,* otherwise you will find, when too late, that the finished product has the appearance of a theatre programme or cheap commercial cookery book—given away for a coupon from a baking-powder tin—and has become something in which no member with pride in her profession can feel any pleasure or desire to be associated with.

Local printers will give estimates of cost before work is begun, and, as different firms are likely to vary considerably in these estimates, it is wise to consult several and compare prices before making a decision. Enough copies should be printed to send to all overseas members, local doctors, heads of institutions and organizations, and all persons likely to be interested.

A good working committee can get the report in shape for the printer's hands in about four weeks. To each member should be allotted the part for which she is best fitted; one will write the history better than

she could talk to business men, and so on; only be sure that the convener of your committee is a woman of experience with a proper sense of the dignity of her profession, and that the gaining of an additional few of the "almighty dollar" may not induce her to countenance a lowering of the tone of the finished report.

Report of The Canadian Conference of Charities and Correction

Three Conventions which were of special interest to public health nurses were held in Ottawa during the week beginning September 23rd: The Canadian Conference of Charities and Correction, to be known in future as the Canadian Conference on Public Welfare; the Canadian Association for the Study and Prevention of Infant Mortality; and the Canadian Public Health Association. Nine delegates to the first Conference, five of whom were able to be present, were appointed by the Executive of the Canadian National Association of Trained Nurses.

An informal supper party brought all the nurses attending the Convention together for an enjoyable hour. The following nurses were present at the supper: Delegates Miss Elizabeth Carruthers, Winnipeg; Miss Eunice H. Dyke, Toronto; Miss Jean I. Gunn, Toronto; Miss Jane Grant, Toronto. Visitors: Miss Elizabeth Hall, Toronto; Miss Zoe M. Londeau, Windsor, Ont.; Mrs. S. Mackenzie, Toronto; Miss Winnifred Read, Halifax; Miss Priscilla C. Hall, Ottawa; Miss Christina Hall, Ottawa; Miss E. M. Corbman, Toronto; Miss Helen MacDonald, Hamilton; Mrs. J. Charlotte Hanington, Ottawa; Miss Lillian C. Phillips, Montreal; Miss Mayme Robinson, Windsor, Ont.

Miss Enid Forsythe and Miss Esther Beith, of Toronto, attended the meetings of the Canadian Public Health Association later in the week.

Representatives were present at the Conference on Public Welfare from every Province and from every group of workers intersted in the subjects under discussion. The subjects dealt with were: "Social Legislation," "Immigration," "Family Case Work," "Neighborhood Work," "Federation of Philanthropy," and "Education for Citizenship."

Probably the most inspiring address of the Conference was delivered by Mr. John Collier, President National Community Centre Association, and Director of the Training School for Community Centre Workers, New York City. The title of his address was: "Constructive Democracy in the World Crisis." He pointed out to us the danger that exists in treating people as plastic material to be moulded by outside agencies—health, educational, charitable, and correctional activities operating upon the people while they are not conscious of what government is all about. He believes that means must be devised whereby the people themselves

will cooperate together for great social purposes. Mr. Collier is making experiments at the present time in New York in constructive democracy.

The nurses were represented on the programme by a paper on the "Organization of Public Health Nursing," delivered by the Convener of our Committee on Public Health Nursing.

The Tuberculosis and Public Health Conventions were poorly attended, but the many excellent papers and discussions will be published in the *Public Health Journal.* These papers indicated constructive methods of dealing with housing, tuberculosis, venereal diseases, mental defects, and infant mortality. The subject of Health Insurance, with which nurses are so vitally concerned, was discussed by students of the proposed plans. The paper read by Dr. W. H. Hattie, Medical Officer of Health for Nova Scotia, has been promised to the *Canadian Nurse.* It deals with some medico-social problems arising out of the war, and is an urgent call to all public health nurses for National service.

Christ in Flanders

We had forgotten You, or very nearly—
You did not seem to touch us very nearly—
    Of course we thought about You now and then;
Especially in any kind of trouble—
We knew that You were good in time of trouble—
    But we were very ordinary men.

And there were always other things to think of—
There's lots of things a man has got to think of—
    His work, his home, his pleasure, and his wife;
And so we only thought of You on Sunday—
Sometimes, perhaps, not even on a Sunday—
    Because there's always lots to fill one's life.

And, all the while, in street or lane or by-way—
In country lane, in city street, or by-way—
    You walked among us and we did not see.
Your feet were bleeding as You walked our pavements—
How did we miss Your footprints on our pavements?—
    Can there be other folk as blind as we?

Now we remember: over here in Flanders—
(It isn't strange to think of You in Flanders)—
    This hideous warfare seems to make things clear.
We never thought about You much in England—
But now that we are far away from England—
    We have no doubts, we know that You are here.

You helped us pass the jest along the trenches—
Where, in cold blood, we waited in the trenches—
You touched its ribaldry and made it fine.
You stood beside us in our pain and weakness—
We're glad to think You understand our weakness—
Somehow it seems to help us not to whine.

We think about You kneeling in the Garden—
Ah! God! the agony of that dread Garden—
We know that you prayed for us upon the Cross.
If anything could make us glad to bear it—
'Twould be the knowledge that You willed to bear it—
Pain—Death—the uttermost of human loss.

Though we forget You—You will not forget us—
We feel so sure that You will not forget us—
But stay with us until this dream is past.
And so we ask for courage, strength, and pardon—
Especially, I think, we ask for pardon—
And that You'll stand beside us to the last.

L. W., in the London *Spectator*.

* * * *

TO THE WRITER OF "CHRIST IN FLANDERS"

On the battlefields of Flanders men have blessed you in their pain;
For you told us Who was with us, and your words were not in vain.
All you said was very gentle, but we felt you knew our ways;
And we tried to find the Footprints we had missed in other days.
When we found Those blood-stained Footsteps, we have followed to the End;
For we know that only Death can show the features of our Friend.
In the Mansions of the Master, He will make the meaning plain,
Of the battlefields of Flanders, of the Crucifix of Pain.

E. M. V. (*Southern Cross*).

Art little? Do thy little well, and for thy comfort know great men can do their greatest work no better than just so.—*Goethe*.

"Stand with anybody that stands right. Stand with him while he is right and part with him when he goes wrong. To desert such ground because of any company is to be less than a man, less than an American."

When the corn is nearly ripe it bows the head and droops lower than when it was green. In like manner when the people of God are near ripe for heaven they grow more humble and self-denying than in the days of their earlier development.—*John Flavel*.

Editorial

It is with much regret that every nurse in Canada will learn that, after repeated attacks of tonsilitis, Miss Snively had to submit to an operation for the removal of her tonsils. We are pleased to learn that she is making a good recovery.

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A most complete set of five envelope cards on the "Hygiene of the Feet" has been prepared by Leonard Felix Fuld, Ph.D., for employees' Welfare work, and it would seem that they would have much value in training school work where the pupil nurses' feet and their ailments are a matter of much worry to the Superintendent. These may be obtained at cost, when sold in large quantities, upon application to the Editor.

* * * *

Why is it that the average graduate nurse takes so little interest in public matters? At meetings such as we have been having for the conservation of foods, with truly vital importance to us all, only a handful of nurses are seen, and these are in most cases the busiest ones, whether in private or public work. Is it that at the fountainhead in the training school we heads of schools make so very little of current events or civics? It seems such a waste of the finest material that we have in the shape of womankind that so few feel any responsibility to the community. Indeed one could go further and ask just what proportion of nurses attend their own professional meetings. Isn't it the same few, the busiest of a busy profession, who do all the drudgery and work of these organizations? We do not yet see the signs of the times, which point to the fact that if we do not do our own legislating, standardization of schools, affiliation for the benefit of the smaller schools, arrangements for the nursing care of the middle-class people, and the hundred and one problems that it is our duty to arrange, that they will be done for us, and not always in the wisest way.

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It is with great pleasure that we see that the American Hospital Association elected as its third vice-president Miss Grace Fairlie, Superintendent of the Alexandra Hospital, Montreal. Miss Fairlie is well known to the nursing profession in Canada, as she is First Vice-President of the C. N. A. and President of the Graduate Nurses' Association of the Province of Quebec.

Chief Superintendent's Annual Report, 1916

(Continued from last month)

In the early years the work was straight district nursing, with post-graduate training in that special branch. The need for extra post-graduate training was felt at the beginning of the Order's activities, and the establishing of training centres marks the first years. The standards fixed were high and the maintaining of them was felt to be an important part of the duty of every Governor. The post-graduate training was very simple, as the district nurse was a very simple factor in the public health programme. In those years the work was largely in the East. When the Hospital Scheme was started, it extended the work into the West, both as regards hospital service and visiting nurse service. The Hospital Scheme was the first ambitious step taken towards the solution of the nursing problem in the outlying districts, and it has done wonders not only in supplying skilled care for the sick and dying, but also in setting good standards for hospital service. That good work is still going on, but it is a question whether or not the Hospital Scheme might not be improved upon in view of our acquired experience. Towards the end of the second cycle there are unmistakable signs of general awakening of the public conscience as regards public health and welfare work, and by that the horizon of the visiting nurse was broadened and she was pressed into service along many new avenues. The religion of prevention linked with that of welfare ruled, and the Order rose to it, rather slowly, it must be confessed, but it did rise to it. We find it pressing on, and in most of the branches child welfare, pre-natal visiting, school nursing, industrial nursing, hospital social service work, tuberculosis and insurance nursing are being pursued. How awakened they are you can judge from the figures already given in this report: Pre-natal visits, 5,974; 70,749 child welfare, and 4,646 school nursing visits. Those figures are good, but they are not nearly as high as they should be, and as they will

be if the Order will keep along with its awakened policy. The third cycle is also marked by the adopting of the country nursing scheme as a settled policy of the Order. That scheme I need not outline, as it is well known to all of you who have read reports of previous years. In reporting on that scheme this year, I wish to state that the most gratifying development in the Victorian Order during 1916 is to be found in the Country Scheme. That may seem a paradox in view of the statement made earlier of the country districts organized and waiting for nurses. There is at the present time, to be sure, a deplorable shortage of nurses for country work, but I feel that that is only temporary, and I shall offer a few suggestions for remedying it before I close. No other work attempted by the Order has been fraught with so many difficulties as the country nursing. During this year many of those difficulties have rolled away, never to return. The people are willing and eager as never before to welcome the trained nurse, to get together, to serve on committees, and to second the efforts of the nurse so that her service may be as far-reaching and effective as possible. The importance of the preventive side of the nurse's work has sunk into the minds of the people, and the demands made in the earlier years for a nurse to take the place of doctor, nurse, mother and cook are no longer made. People know, because it has been demonstrated to them, that the trained woman is ready to do what is at all reasonable and what makes for the comfort of her patient. Two facts stood out prominently at all of my organization meetings in the rural parts this year—one, that the people no longer hesitate about organizing to have nurses established, and that they stand as one for the fully trained woman. The first was shown by the promptness with which they organized after hearing the outline. At many of my meetings the statement was made that the Victorian Order Scheme is the one and only scheme that promises to solve the problem of providing nursing care for the people in the isolated districts of Canada, *because the Order insists on fully trained nurses.* So all that is needed is more nurses suitable for this most important work, and my suggestion is that that difficulty will be overcome, to a certain degree, by multiplying nursing homes, and thus giving more comfortable quarters to the nurses by increasing salaries and by educating the nurses in hospitals and out away from the congested parts of the country into the rural parts.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The annual meeting of the Canadian Nurses' Association was held in the hall of the Club on October 2nd, Miss Phillips, the President, in the chair.

The President, in her address of welcome to the members, gave an outline of the work during the past year, which showed an increase both in members and interest.

The Treasurer's and Registrar's reports were read and both showed a satisfactory year. The Registrar also read a letter of appeciation from St. Johns, Que., of those nurses who had worked so hard during the typhoid epidemic in the Spring.

Reports from the various sub-committees were also submitted.

Miss Stuart, in her report of the Griffintown Women's Club, spoke of the excellent work being done in that section of the city. She also asked for stronger coöperation of the members in giving assistance during the coming winter, as so many of the women who come to the meetings bring their babies and so tremendously appreciate these social evenings.

The election of new Officers was then made, Miss Phillips being unanimously re-elected as President; Miss Grace M. Fairley, first Vice-President, and Miss Dunlop second Vice-President; the Misses Stuart, Conveners of the Griffintown Club; Miss Wilson, Secretary-Treasurer, this latter vacancy being caused by Miss DesBrisay's resignation. A number of new members were proposed.

The meeting then adjourned and tea was served.

Food conservation is at present the chief topic at all the Women's Meetings in Montreal, and plans for the coming campaign are well on the way. This so closely affects hospitals that nurses, especially those attached to institutions, are greatly interested in this movement.

News from The Medical World

(By Miss Elizabeth Robinson Scovil)

Casualty Clearing Stations

The *British Medical Journal* says that the casualty clearing stations, which are furnished with trained nurses, are practically arranged in two series. Those at the front are from six to nine miles from the front trenches, while those of the second line are from three to six miles further back. The smallest accommodate 400 patients, the largest 1200. Wherever possible they are in pairs and take in the wounded alternately. By this plan they are diverted to the other casualty station and the staff left free to treat those already taken in without being disturbed by fresh arrivals.

The Vagus Nerves in Pneumonia

The *American Journal of Physiology* reports experiments showing that injecting cocaine into the vagus (pneumogastric) nerves in pneumonia changes the violent dyspnœa into quiet, normal breathing.

Sun Baths

A writer in a Brazilian medical journal advocates the use of sun baths in tuberculosis of the bones, skin diseases, atonic ulcers, and secondary anemia of various origins. Heliotherapy is a very ancient form of treatment, having been practiced by the Egyptians.

Bone Transplantation

The *Annals of Surgery* reports a case in which a defect in the skull measuring about 3 cm. by 5 cm. was filled in by placing a piece of the left scapula over it.

Food for Children From Two to Seven

The *Journal of the American Medical Association* says it is possible to fulfil the requirements of a proper diet, meet the conditions of present unusual prices, and still have a wide choice of food for children from two to seven. Both animal and vegetable fats are useful as food, the animal fats being superior; of these the most economical is said to be oleomargarine. The carbo-hydrates include cereals, breadstuffs, sugar and sweets. These are cheaper in bulk and more expensive when purchased in special packages. Oatmeal, cornmeal, hominy, syrup and rice are most economical. The so-called ready-to-serve breakfast-foods are higher in cost and more difficult of digestion for young children, which more than offsets their case of preparation. The value of vegetables depends not only on the amount of fat, carbo-hydrates and protein which they contain, but also on their richness in iron and other important salts, and on the amount of fibre, which aids proper action of the bowels.

Spinach, beet tops, chard and other greens are of particular value. For children under seven no raw vegetables should be used, as radishes, tomatoes, cucumbers, celery, green corn, or cabbage. Hot bread, rolls, griddle cakes and doughnuts should be withheld. Corn bread is advisable for one meal a day. No candy or chocolate should be given before five years of age, and only one spoonful of sugar on a dish of cereal. Meat being so expensive, the protein needed must be largely supplied otherwise. Milk and bread with vegetables high in protein, as beans and peas, fresh or dried, and made into soups, will entirely replace it. Wheat and oats contain most protein amongst grains. Fresh fish is valuable when it can be obtained. Plain desserts made from rice, farina, cornstarch, or stale bread, custard, ice cream occasionally, plain cookies and ladyfingers. Milk, not less than a pint nor more than a quart, should be given in the twenty-four hours.

Training War Cripples

Those who have investigated the re-educational schools of England and France say it is almost impossible for a man to be so badly crippled that he cannot be trained, with the aid of artificial limbs, to some occupation.

The Tonsils and Rheumatism

A writer in the *Medical Record* says that rheumatism is a blood infection, and the infecting organisms that are found in the swollen joints, in the blood and in the urine of sufferers are identical with those commonly found in the throat, and particularly in the tonsils. The nose and throat constantly harbor disease germs, but these are incapable of mischief so long as the upper air passages are in a healthy state. The normal secretions of the nose and throat wash away offensive organisms before they have time to colonize. The crypts of the tonsils at all times contain myriads of disease germs in a quiescent state. As soon as the throat is affected and its secretions lose their bactericidal power, these germs flourish and become virulent. The belief is gaining ground that it is principally through the tonsils that most infections of the system, especially tuberculosis, enter the body. The removal of the tonsils is advocated.

Paraffin Wax Treatment for Burns

A writer in the *New York Medical Journal* has tried a formula in the treatment of burns which he believes is as good as ambrine and less expensive. It is paraffin (M. P. 40 C), 80 per cent.; beeswax (yellow), 10 per cent.; white rosin (turpentine), 3 per cent. He applies this with a soft camel's hair brush, or atomizer, then places a layer of the thinnest absorbent cotton obtainable over the wax. A second layer of the wax is applied, as it completely saturates the cotton and seals down the margin of the dressing to the sound skin. For additional protection a heavy layer of cotton is placed over all. It should be redressed every twenty-four hours. For a time there may be active suppuration beneath the

dressing, but this need not cause alarm, as it soon subsides, and there are no ill-effects. It minimizes the formation of scars and contractions.

Flies

The Merchants' Association of New York says a small quantity of oil of lavender, five cents' worth, mixed with the same amount of water and sprayed from a common glass atomizer in places where flies collect, will drive them away. Geranium, mignonette, heliotrope, white clover and hop blossom odors will remove these pests. A French scientist states that flies have an intense dislike for blue. Rooms decorated in this color are not troubled with them.

Uses of Garlic

The *Medical Record* comments upon the fact that, as the German synthetic compounds are of necessity withdrawn, vegetable drugs are again coming into their own. The juice of garlic and onions has long been a non-professional remedy for whooping-cough, diphtheria, typhoid fever and pneumonia. A writer in the *Medical Men's Letter Circular* says oil of garlic is composed of allyl sulphide with volatile terpenes, and appears to be Nature's antiseptic for internal use, destroying many pathogenic germs in the body and being harmless to the tissues. In this respect it differs from every other known antiseptic of any great value. It may be inhaled in pulmonary conditions, and, when applied to any part of the skin, readily penetrates to the deepest tissues in that region, reaching even to the bones, and finds its way to the blood current so its odor can be detected in the breath in from ten to fifteen minutes after it is applied to the skin. In diphtheria the patient should keep a clove of garlic in the mouth and crush it between the teeth to squeeze out the juice. In three or four hours one to two ounces may be obtained in this way. If effectual all membrane has been removed from the tonsils and the temperature fallen to normal. In whooping-cough, inhalations of the fresh juice relieves the most distressing symptoms. In young children, 20 minims to half a drahm of juice in a little syrup every four hours gives speedy relief in the early stages.

Body Temperature

A report of health of British munition workers states that the temperature of the body is not constant, but exhibits a distinct cycle during the twenty-four hours. The maximum appears between 4 p.m. and 8 p.m., the minimum between 2 a.m. and 6 a.m. The difference may be said to be between one and two degrees F. This reflects the variations of bodily combustion, particularly that going on in the muscles. Absolute muscular rest and fasting greatly reduces the variations.

The latest form of leave in the Army is "cradle leave." It is only granted as a special dispensation to officers on active service who have had children born during their absence at the front.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

Each province has now appointed its representative on the Committee on Public Health Nursing of the Canadian National Association of Trained Nurses, and the Committee is "on duty." The number of Canadian nurses interested in the prevention of disease is steadily increasing, and the need for interchange of ideas is felt by all. The Committee will welcome suggestions for bringing the Public Health Nurses of each Province in touch with one another and with their representative, the names of whom follow:

NOVA SCOTIA—Miss E. M. Pemberton, Victoria General Hospital, Halifax, N.S., Night Superintendent of Victoria General Hospital.

NEW BRUNSWICK—Miss Sarah E. Brophy, Fairville, N.B., visiting nurse for the St. John Association for the Prevention of Tuberculosis.

QUEBEC—Miss Anna Hay Browne, 39 St. Luke Street, Montreal, Que.

ONTARIO—Miss Ella J. Jamieson, 23 Woodlawn Avenue East, Toronto, Ont., Supervisor of School Nursing, Department of Public Health.

MANITOBA—Miss Elizabeth Carruthers, 666 McMillan Avenue, Winnipeg, Man., Social Service Nurse of the Children's Hospital of Winnipeg.

SASKATCHEWAN—Mrs. E. M. Feeny, Avenue Hotel, Prince Albert, Sask., School Nurse, Prince Albert, Sask.

ALBERTA—

BRITISH COLUMBIA—Miss Helen Bone, 2614 Ontario Street, Vancouver, B. C., School Nurse, South Vancouver, B. C.

CONVENER—Eunice H. Dyke, City Hall, Toronto, Director of the Division of Public Health Nursing, Department of Public Health, Toronto, Ont.

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Miss C. A. Kier, formerly with the staff of the V. O. N. in Winnipeg, is now establishing Child Welfare work in Moose Jaw, Sask.

Miss Kathleen Vanetta, of Vancouver, and Miss Bessie Hookie, of Middlesex, Eng., are engaged in tuberculosis work in Winnipeg.

Miss Rose Hamilton, of the Winnipeg General Hospital, is Social Service Nurse for the Patriotic Association, Winnipeg.

Miss A. Brandon, of Brandon, Man.; Miss Violet Adair, of the Winnipeg General Hospital, and Miss A. Moore, of the Winnipeg General Hospital, are doing Child Welfare work in Winnipeg, Man.

Mrs. Wilson, formerly on the staff of the Victorian Order of Nurses, Edmonton, Alta., is now with the V. O. N. in Winnipeg.

The following is a report received from Miss Brophy, our New Brunswick representative. It seems to be of interest to most of our public health nurses, whose work will begin in just such a way as Miss Brophy's work has:

"The St. John Association for the Prevention of Tuberculosis was organized in 1909, and has a staff of three doctors and a nurse. A Dispensary is provided, where patients are examined and treated free of charge. A "Milk and Egg" fund provides poor patients with these necessities. Miss Sarah E. Brophy, the nurse in charge, when not on duty at the Dispensary, visits the patients in their homes, and reports to the local Board of Health any unsanitary conditions found. Instructions are given the patients and literature distributed."

The Nurse's Library

Practical Dietetics with Reference to Diet in Health and Disease—by Alida Frances Pattee, Eleventh Edition, enlarged and revised. Published by A. F. Pattee, Mount Vernon, N.Y. Price, $1.75. To merely state that this is the eleventh edition of Miss Pattee's book would give anyone a very good idea of the popularity of it, and one only has to glance through the book to see its value. As a text-book in the school or a help to the nurse in private practice, it is hard to think of one that would help more. The individual recipes are most useful, and the diataries answer many a question. Miss Pattee has brought out this year a smaller book, *The Handbag Diet Book* which is sold to nurses only in connection with Pattee's Practical Dietetice. The nurse who is in possession of a copy of the latter, by sending the coupon found on one of the last pages of her book, with professional card or hospital order, to the publisher or book dealer, enclosing 50 cents, may have the book. This is a most convenient form and contains enough to help the nurse through many a difficulty. State Board Requirements in Dietetice, and State Board Examination Questions, a paper covered book, is given with every copy of Pattee's Practical Dietetics, or sold separately for fifty cents.

Obstetric and Gynecologic Nursing, fifth edition, thoroughly revised, by Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia. 12mo volume of 499 pages, 104 illustrations. Fifth edition thoroughly revised. Philadelphia and London; W. B. Saunders Company, 1917. Buckram, $2.00 net. To many schools this text-book is an old friend, and to schools planning to change, no better one can be recommended. This edition, the fifth, is most thoroughly revised and brought up to date.

Hospitals and Nurses

NOVA SCOTIA

Nursing Sister Cora P. Archibald (R.V.H.), of the McGill Hospital Unit, who has been spending a short leave at her home in Truro, was in Halifax recently en route to England.

Nursing Sister Harriet Graham, of New Glasgow, passed through Halifax on her way to France, where she has been since the beginning of the war.

Among the recent visitors to Halifax are Miss Beard, Director of the Instructive District Nursing Association of Boston, and Miss Grace O'Bryan, a leading official of the same organization. Miss O'Bryan is a native of Halifax.

Nursing Sister Flora Frazer is being warmly congratulated on her appointment to the new Camp Hill Hospital as Matron. It is to be opened shortly and will have a capacity of about 500 beds

Nursing Sister Hayden, who spent the summer at the camp at Aldershot, has returned to Halifax. Several Sisters from the Hospital at Pier 2 went on duty on the last hospital train to leave Halifax.

His Excellency the Duke of Devonshire, Governor-General of Canada, was in Halifax recently and paid a visit to all the military hospitals and convalescent homes. He appeared much pleased with them and addressed the men in Pine Hill Convalescent Home.

Miss Cora Hunt, formerly Night Supervisor of the Presbyterian Hospital, New York, has been appointed Superintendent of Nurses at the Victoria General Hospital, Halifax.

Miss Kirkpatrick, recently Superintendent of the Truro Hospital, is acting as Superintendent of Dr. Mader's Private Hospital, Halifax.

Miss Robinson, of the Payzant Memorial Hospital, has successfully passed the examinations of the N.S.G.N.A. Members of the Association who have recently received appointments to the staff of the Halifax Military Hospital are Miss Beatrice Smily, Graduate of the V. G. H., Halifax, and Miss Nellie Coolen, graduate of the Nova Scotia Hospital, Dartmouth, N.S.

Nursing Sister Flora Fraser, A.M.C., was in charge of the Field Hospital Exhibit at the Armories in connection with the Red Cross exhibit of trophies from the front. These include war posters and relics of all sorts, both ancient and modern. The field hospital was a great attraction, consisting of two tents, beds and surgical appliances, a field dressing table, and a field stand for solutions were among the things that attracted particular attention. An ambulance driver and assistants were there and some returned men to act as patients. The Sisters were most

kind in answering questions and explaining the different ways and means of tent life generally.

Nursing Sister Mackay, of Pictou County, is at the Station Hospital. She had previously served for two years in France with the C.A.M.C.

Nursing Sister Howard has gone to Kentville and is on duty at the Sanitarium for returned soldiers.

The nursing officers of the St. John Ambulance Brigade, members of the N.S.G.N.A., all take their turn at the pier upon the arrival of a hospital train. Each officer usually has about twenty V.A.D. members with her, who assist at the hospital in the making of beds, serving trays, etc. The brigade drills are also held once a month by each nursing officer.

Nursing Sister Sadie Maclean, Matron of the Moxham Convalescent Home for Returned Soldiers at Sydney, was in Halifax recently.

NEW BRUNSWICK

Nursing Sisters Maud Gaskin and Nellie Floyd have returned to St. John on three months' leave.

The regular meeting of the N.B.A. of G.N. was held on Thursday, October 2nd, 1917, in the Board Room of the G.P.H. The President, Miss Williams, was in the chair. The usual routine business was transacted.

Miss Edna Swan has resumed her duties, after undergoing an operation at the G.P.H., St. John.

Nursing Sister Muretta Compton has been in Woodstock at the Military Hospital there.

About $840 was raised by the St. John nurses for the British Red Cross. Sixty Christmas stockings were filled by the nurses of the G.P.H. for the soldiers in hospital overseas. The school nurses were assisted by others in the city.

QUEBEC

A meeting of the Graduate Nurses' Association of the Province of Quebec was held in Montreal on October 18th, when the business under discussion was the nursing conditions in smaller hospitals, as a result of which Miss Green, the new Lady Superintendent of Lachine General Hospital, held a reception for the Executive of the Provincial Society at the Hospital on the 26th October. After being received by the President, the members of the association paid a visit to the wards and administrative departments. The afternoon was a glorious one, and the President and one of the visiting doctors kindly arranged a motor trip along the lakeside.

The Edith Cavell Chapter of the I.O.D.E. held its monthly business meeting at the Club Rooms of the C.N.A. on Tuesday, 30th October. This took the form of a social evening, at which Nursing Sister Upton,

C.A.M.C., was the guest. She had several very interesting photographs from Egypt and Lemnos and spoke of her work there during the fighting at the Dardanelles.

The Treasurer, in giving her report, announced the very generous donation from the Western Hospital Alumnæ of $65 for the Prisoners' of War Fund, and it was decided to adopt another prisoner. This will now make eight prisoners that the Chapter is providing with fortnightly parcels of eatables.

The Secretary read the list of things which had been packed in the Christmas stockings sent to the men in the East, one hundred in number.

Montreal General Hospital Alumnae Association

Miss Amy DesBrisay has returned to the City after spending three months at La Chute, P.Q.

Nursing Sister Marjory Ross spent a limited time at her home here, having come from France on transport duty.

Nursing Sister G. Massy has been transferred to Ontario Military Hospital, Orpington, Kent.

Nursing Sisters A. C. Sargeant and Mary McLeod, who were among the last number of our nurses to go to the front, are now stationed at No. 3 Canadian General Hospital (McGill).

Nursing Sister Lillian Dickie is back in France again, after leave in Canada, followed by duty in England.

Miss Helen DesBrisay has resigned her position as Secretary-Treasurer of Canadian Nurses' Association of this city, and is now Matron of the St. John's School here.

The following nurses were presented with their diplomas and medals of graduation by Mr. Farquhar Robertson at a recent meeting of the General Hospital Board of Management: Misses Lulu M. McIntosh, Adelaide C. Whitney, Beatrice McCarthy, Ethel W. Hogge, Nellie M. Stewart, Beatrice M. Hadrill, Mary E. H. Montgomery, L. M. Brown, Luida J. Odmark, Minnie M. Pharoah, Amy Kenyon, Elizabeth M. Peach, Charlotte S. Murdock, Christina Fleming, Ethel P. Gilmour and Eva M. Farrell.

Drs. F. J. Shepherd and H. A. Lafleur congratulated the graduates on their success at the conclusion of the ceremony.

Miss Carrie Todd visited her brother in Rochester, N.Y., and is now spending some time with her parents at Bury, P.Q.

Nursing Sister R. M. Knight has been transferred from No. 6 Canadian General Hospital to No. 2 Canadian General Hospital at Le Treport.

Nursing Sister Juliette Pelletier, who has been serving in military hospitals in England, France, Greece and Egypt, has arrived in Quebec City on leave of absence, and will spend several days with her parents, Colonel and Madame Oscar Pelletier.

Nursing Sister L. Erquhart, in France, met with an accident by falling from her bicycle and spraining her ankle, afterwards being taken to a hospital in Rouen, but has since been transferred to a convalescent hospital.

Miss Agnes Gillespie, who has lately undergone an operation for appendicitis at the M.G.H., is making a speedy recovery.

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

On Saturday afternoon, September 22nd, the graduation exercises of the Nurses' Training School, Children's Memorial Hospital, took place, Dr. Mackenzie Forbes in the chair.

Dr. Blackader addressed the nurses and presented diplomas to Miss Eva Taylor, Miss Grace Snelgrove, and Miss Isobel Hayward.

The children of the school in connection with the hospital also held their commencement exercises on the campus in front of the hospital. At the conclusion of the afternoon programme, tea was served and the wards thrown open for inspection.

ONTARIO

The annual meeting of the Alumnæ Association of the Mack Training School was held at the Nurses' Home, St. Catherines, on September 5th, 1917. After the usual business the following officers were elected: Hon. President, Miss Uren; President, Miss Durham; First Vice-President, Miss Parnell; Second Vice-President, Miss C. A. Bush; Secretary-Treasurer, Miss S. C. Humphries; Recording Secretary, Miss Fowler. Auditors were then elected. A discussion took place on the advisability of changing the nurses' rates. It was also decided that the members overseas were to be kept in good standing without payment of their fees. It was decided to purchase an Honor Roll for the Overseas nurses. After the meeting an invitation to remain for tea was given by the Superintendent, Miss Uren, which was accepted and thoroughly enjoyed.

The sixth annual meeting of the St. Joseph's Hospital Alumnæ Association was held at the Hospital, Chatham, Ont., October 3rd, 1917, with the President, Mrs. Durocher, in the chair. After the usual business was disposed of a resolution of sympathy with Mrs. Durocher on the death of her mother was passed. The resignation of Miss Phelan as Representative to the *Canadian Nurse* was read and accepted and Miss Lydon appointed for the remainder of the year. A short talk was given by Rev. Father James on the value of a high standard in the nurse's life. The date for the annual meeting was decided to be December 27th, 1917. After refreshments had been served by the Sisters of St. Joseph the meeting adjourned.

The illness of two of the graduates of St. Joseph's Hospital, Chatham, Misses Ursula Walsh and G. Etue, were reported to the meeting and much sympathy given.

The many friends of Miss Hazel Wallace, Toronto General Hospital (1908), will regret her serious illness in Dawson City, Yukon.

On October 12th, at the Toronto Graduates' Club, the Toronto Western Hospital Alumnæ Association entertained at luncheon Nursing Sisters Lena Davis and Ella M. Drysdale, who were home on a short furlough after spending over two years overseas, and Sadie B. Jackson, who recently returned after a year's service with the French Flag Nursing Corps in France.

The twenty-fifth anniversary of St. Michael's Hospital was celebrated September 29th. The exercises were opened by a High Mass by Archbishop McNeil, at which many prominent men were present. In the afternoon the Sisters held a reception on the roof garden and were the recipients of many gifts, among them a silver basket filled with roses from the graduates. The annual retreat for nurses was held at the Hospital on September 25th, 26th and 27th, and was well attended, many graduates from out of town attending. Miss Kehoe, of Kentucky, and Miss Provencher, of New York, were in town attending the retreat.

The following are the officers of the Alumnæ Association: President, Miss I. Foy; First Vice-President, Miss A. Dolan; Second Vice-President, Miss A. B. Long; Third Vice-President, Miss H. B. O'Connor; Corresponding Secretary, Miss A. O'Connor, 853 Bathurst Street; Recording Secretary, Miss C. McBride; Treasurer, Miss M. Galbraith; Registry Representatives, Miss A. M. Cahill and Miss J. B. O'Connor; Representatives to Press and *Canadian Nurse*, Miss E. Strubbenfield and Miss G. Coyle; Directors, Mrs. P. W. O'Brien, Miss B. Hayes and Miss D. Alyward.

The hosts of friends of Miss Snively will heartily regret that she has had to be operated upon for her tonsils at the Toronto General Hospital. It is to be hoped that she makes a rapid recovery.

Miss Georgie Henry, T. G. H., 1910, who has been in very poor health for the past nine months, has, with her sister, Miss May Henry, arrived at Long Beach, California, for a prolonged rest.

The graduating exercises of the Amasa Wood Hospital Training School for Nurses were held on September 20th, 1917, in the Collegiate Auditorium. The following nurses received their diplomas and pins: Misses Mary Malcolm, Ella Anderson, Rose Brunk, Susie Dickhout and Lena Ewing. An attractive musical programme was arranged, after which the address to the class was given by Dr. G. A. Shannon. The Nightingale Pledge was taken by the nurses. After the distribution of the diplomas and medals by the Superintendent, Miss Miller, the nurses each received many flowers from their friends. A banquet was given them by the Intermediate class at the close of the exercises. On September 27th, 1917, the Amasa Wood Hospital Alumnæ Association was formed.

The October meeting of the Kingston Chapter of the G.N.A.O. met Tuesday afternoon in the Nurses' Residence of the General Hospital, Mrs. S. Crawford presiding.

Arrangements were made to assist the Hospital Ladies' Aid on "Tag Day" in October.

Letters received from overseas in reply from "comfort bags" were read.

Two nurses, Miss Boskill and Mrs. Crawford, were appointed to visit sick nurses this month.

A report from the Canadian National Association Convention held in Montreal last June was read by one of the delegates.

Mrs. John MacGillivray gave a very interesting address on "Food Conservation," which was much appreciated by those present.

ALBERTA

The Bean Contest held under the auspices of the Calgary Association of Graduate Nurses in aid of the British Red Cross was very successful, realizing $93.50. The prizes were won by Miss Marion Begg and Mr. Leonard Greenwood.

Miss Elizabeth Fletcher has been appointed by the Calgary Association of Graduate Nurses as their representative for the *Canadian Nurse*.

Miss Isabel J. Smith, graduate of Nichols Hospital, Peterborough, Ont., after spending the past month in Vancouver, B. C., has resumed her former position as head nurse in the Brett Hospital, Banff, Alberta. Miss Smith has been doing private nursing in Pasadena, California, for the past two years.

BRITISH COLUMBIA

Miss Jessie Rhodes, V.G.H., has been given charge of the Hospital in White Horse, Yukon Territory, in place of Miss Mabel Adamson, V.G.H., who has been Superintendent there for several years. Much sympathy has been given to Miss Adamson on the death of her father.

The Royal Red Cross second class has been given to Miss Pauline Rose, who, at the time of her enlistment, was matron of the Nanaimo General Hospital. The same decoration was given to Miss Christine Mowbray, graduate of the Jubilee Hospital, Victoria.

For the first time in the history of the Vancouver General Hospital, two graduating exercises in the same year have been held. October 31st twenty-one nurses received diplomas from Mrs. Gatewood, wife of the Chairman of the Board, and were given the Florence Nightingale Pledge by Rev. Dr. Clark. Addresses were given by Dr. Wesbrook, President of the University of British Columbia, and Dr. Pearson. A purse of gold was presented to Miss Snyder by the doctors on her departure from the Hospital, and was presented by Dr. Weld.

The General Efficiency Medal (presented by Dr. R. E. McKechnie) and the Glen Campbell Prize were both won by Miss Ethel May Elliott, and the Seldon Prize for highest standing in surgical work was won by Miss Ada Madeline Mingay.

The list of graduates is as follows: Misses Irene Lawson, Mary Sharp, Madeline Mingay, Bessie Burnett, Mildred Hunter, Cornelia Shields, Maude Parr, May Pearcey, Helen Sollaway, Ethel Elliott, Aline Brown, Blanche Hastings, Mollie Bunbury, Pearl Wall, May Crowe, Gertrude McLaughlin, Jean Mackay, Elva Stone, Elizabeth Withers, Rene Ross and Florence Steel.

Miss Jessie Hart, V.G.H., is spending the winter in California.

Miss Margaret Sinclair, graduate of the Victoria Hospital, London, Ont., who has been spenidng her holidays in Vancouver, B.C., has returned to San Francisco.

Nursing Sister Mary Thomas, formerly Superintendent of the Sanitarium at Tranquille, B.C., is now on the staff of the Kitchener Military Hospital at Brighton, England.

Miss Cole, who is taking Miss Deacon's place as Superintendent of the Florence Nightingale Home of the Victorian Order of Nurses, has arrived in Vancouver. She was with the Victorian Order for five years in Winnipeg, where much regret was expressed on her departure for the Coast.

Miss Sadie Milne, graduate of the Vancouver General Hospital, has accepted a position in the General Hospital at Atlin, B.C.

Miss Moore, of Victoria, a graduate of the Hazelton General Hospital, has accepted the position of Superintendent of the Hazelton General Hospital.

The marriage took place on October 19th of Miss Mary Ferguson, Superintendent of the Sanitarium at Tranquille, B.C., and Mr. Alexander Whitecross, Secretary of the same institution. After the honeymoon Mr. and Mrs. Whitecross will return to Tranquille.

Miss C. Musselman, B.G.H., has accepted the position of Superintendent of the Lamont Public Hospital, Lamont, Alberta.

Much sympathy is expressed for Mrs. Filmore-Wyatt, Supervising Nurse at the Isolation Hospital, Vancouver General Hospital, on the death of her husband, Sergt. Fred. Filmore-Wyatt, who was killed recently "somewhere in France."

Word has been received in Vancouver by her brother that Nursing Sister Milne, who has been with the Second Scottish Expeditionary Force for over two- and a-half years, was struck on September 30th by a bomb from a German aeroplane, dying a few moments later. The same bomb killed four nurses and thirty-two patients. Nursing Sister Milne was on the staff of the Royal Edinburgh Infirmary for five years previous to the outbreak of the war.

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Births

RICHARDSON—At Grenfell, Sask., September 27th, 1917, to Mr. and Mrs. A. A. Richardson a son, John Douglas. Mrs. Richardson was Miss H. Belle-McGregor, graduate Hamilton City Hospital, 1909.

VAN WYCK—At the Private Pavilion, Toronto General Hospital, October 18th, 1917, the wife of Captain Hermon B. Van Wyck (Jean MacTavish, 1915) of a son. Captain Van Wyck is with No. 4 Canadian General Hospital, Basingstoke, England.

SHAW—At 177 Lawdor Avenue, Toronto, on May 23rd, 1917, to Mr. and Mrs. W. J. Shaw a son. Mrs. Shaw was Miss Hannah, Toronto Western Hospital, 1915.

HEWITT—On September 17th, at the Pavilion, Toronto General Hospital, to Captain S. R. Hewitt, C.A.M.C., C.E.F., and Mrs. Hewitt, a daughter. Mrs. Hewitt is a graduate of the Toronto General Hospital.

BADGELEY—At the Woman's Hospital, Toronto, on October 13th, 1917, to Dr. and Mrs. Fred. N. Badgeley a daughter. Mrs. Badgeley was Miss Pearl Gorringe, T.C.H., class of 1913.

FRASER—To Mr. and Mrs. Fraser, at Dundee, Que., October 17th, 1917, a son. Mrs. Fraser was Miss Templeton, M.G.H., 1910.

Marriages

BRODIE-CARSON—On September 26th, 1917, at the home of Mr. and Mrs. Carson, P.E.I., Miss Ida Carson (G.P.H., '14) to Mr. Neil Brodie, of St. John, N.B. Mr. and Mrs. Brodie will reside in St. John.

DAVIDSON-BEATTY—On Saturday, September 22, 1917, at St. Augustine's Church, by the Rev. F. G. Plummer, Lillian Hazel Beatty, daughter of the late Oliver Beatty, of Hamilton, Ont., and Mrs. G. W. Black, Los Angeles, California, to Dr. Robert Edward Davidson, 1980 Queen Street East, eldest son of Mr. and Mrs. James H. Davidson, Beachburg, Ont.

SHEPHARDSON-CHARTERS—On August 1st, 1917, at College Street Presbyterian Church, Toronto, Bernice M. Charters to Mr. George E. Shephardson, Hawarden, Sask. Mrs. Shephardson is a graduate of Grace Hospital, Toronto, 1912.

Deaths

MOFFATT—At Kootenay General Hospital, Nelson, B. C., on October 2nd, 1917, of pneumonia, Ida, wife of Fred. C. Moffatt. Mrs. Moffatt was Miss Ida Morris, graduate of the Montreal General Hospital, class 1910.

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From A Hospital Bed

By Eunice Tietjens

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A sullen house where torture is, and stress,
And where drugged nightmare dreams grow real again.
Here in the darkness shudder cries that strain
Like living things and throb all powerless
Against dead walls grown pale with weariness;
And dull, blank windows, where the hours wane.
Yet here—begot by very violence
Of pain, that pain might sting itself, and heal—
The living spirit of compassion dwells
And ministers in selfless diligence
With keen, strong hand; till I, who lie here, feel
That Heaven has stooped and laid its lips to hell's!

A good man is the best friend, and therefore soonest to be chosen, longer to be retained, and, indeed, never to be parted with, unless he cease to be that for which he was chosen..—JEREMY TAYLOR.

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